

12-31-54

*Lisa*  
*inner*

ENTERED  
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DEPARTMENT OF ECOLOGY  
ERT SYSTEM - INITIAL REPORT/FOLLOWUP

COORDINATOR: JOANNE POLAYES-WIEN      UNIQUE RECORD #: N15207      REGION: N

DATE/TIME REC'D: 03/01/94      15:30:39      REPORT TYPE: INITIAL

REPORTER'S NAME: ROBERT FRITZ

BUSINESS NAME:  
MUCKLESHOOT INDIAN TRIBE

ADDRESS:

OR ANONYMOUS:      BEST TIME  
HOME PHONE:      TO CALL:

WORK PHONE: (206)-931-0652 EXT.

DETAILS ON INCIDENT:

COUNTY: KING      NEAREST CITY: SEATTLE  
WATERWAY: DUWAMISH RIVER      WRIA #:  
LOCATION: 1/4 MILE UPSTREAM FROM KELLOG ISLAND ON THE WEST SIDE. AT A  
TRIANGULAR SHAPED COVE.

WEATHER: UNKNOWN      TIDE:

DETAILS ON ALLEGED VIOLATOR:

NAME & ADDRESS:

UNKNOWN (CEMENT PLANT ?)

CONTACT'S NAME:

PHONE NUMBER AND EXT:

VEHICLE INFORMATION:

DESCRIPTION OF CONTAMINANT: (PROVIDED BY REPORTER)

MEDIUM: SURFACE WATER      OTHER: MILKY GRAYISH STUFF  
MATERIAL: MUD/SILT  
QUANTITY: UNKNOWN  
SOURCE: UNSPECIFIED SOURCE

COMMENTS: CALLER SAW A DISCHARGE PIPE WITH A GRAY/GREEN MILKY SUBSTANCE  
COMING FROM IT. SAW SOME DEAD CRUSTACEANS AND SOME ISOPODS IN  
THE AREA. CALLER SAW THIS ON 2/28/94. CALLER HAS PICTURES WHICH  
HE SAID HE WOULD SEND US COPIES OF.

REFERRED TO PROGRAM: WT QPM      SECTION HEAD: GLYNN

EXTERNAL REFERRAL? (Y/N): N

IF EXTERNAL, WHAT AGENCY: \_\_\_\_\_

INVESTIGATION COMPLETED? (Y/N): N

IF YES, COMPLETE SECOND PAGE OF FORM.

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IDENT#:  
N15207

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INTERNAL REFERRAL INFORMATION:

NAME OF STAFF PERSON: Lisa Zinner

DATE RECEIVED: 3/1/94

DATE INVESTIGATED: 3/3/94

DATE COMPLETED: 3/8/94

ACTION TAKEN: inspection

CAUSE OF INCIDENT:

IMPACT:

LUST:

NONPOINT: (UNK, GW, SW) POINT: storm water (UNK, SW, PRETMT)

ACTUAL VIOLATOR INFORMATION:

NAME: Lone Star Northwest, Inc.  
ADDRESS: 5900 W. Marginal Way S.W.  
CITY: Seattle, WA 98106  
HOME:  
WORK: 206 (764-3075)

CONTACT: Douglas Twiford

ACTUAL CONTAMINANT:

MEDIUM: storm water  
MATERIAL: turbidity  
QUANTITY:  
SOURCE:

OTHER:

ENFORCEMENT SENSITIVE? (Y/N):

CROSS-REFERENCES TO OTHER SYSTEMS:

OTHER RELEVANT INFORMATION:

Wrote up an inspection report & sent a follow-up letter.

WRITE ANY ADDITIONAL INFORMATION ON BACK OF FORM: